Appendix J – Supervisor's Investigation Report

INVESTIGATION REPORT

This Incident Report is to be completed by a Supervisor and submitted to the Personnel Department within twenty-four hours of the incident. If the employee is unable to complete his/her account of the incident, the supervisor is to provide the information, in addition to the analysis of the incident. An employee account is required.

GENERAL INFORMATION:

Name		Date of Birth		Social Security
Home address	City	State	ZIP	Home Telephone Number
Date and Time of Incident	Date Incident Was Reported	Department and Job Title		Length of Time on Current Job
Specific Location of Incident (Dept., Street, Road)		Date of Hire		
Photographs Taken By				

INJURY INCIDENT

When Injury/Illness occurs on the job, Supervisors will:

1. Determine the extent and nature of the injury/illness. See that proper first aid is applied to prevent shock, bleeding, etc. Activate EMS (911), if necessary.
2. Accompany the employee to a doctor if the employee is unable to drive.
3. If not an emergency, send a return to work form with the employee.
4. Complete an Injury Investigation Report. In case of fatality or serious injury, notify Personnel Department immediately.
5. Determine the cause of incident and correct the hazard to prevent recurrence.
6. Replenish the first aid supply after use.
7. Advise Personnel Dept. when an employee returns to work. Request a doctor's release before permitting return. Be sure the employee is capable of resuming his/her work.

Type of Injury:

__ A. Bruise
__ B. Strain/Sprain
__ C. Puncture/Cut
__ D. Fracture
__ E. Amputation
__ F. Burns
__ G. Foreign body
__ H. Disoriented
__ I. Infection
__ J. Other

Type of Incident:

__ A. Caught between
__ B. Struck by
__ C. Ingested/Inhaled
__ D. String/bite
__ E. Burns
__ F. Struck against
__ G. Slip, trip, fall
__ H. Strain, Over exertion
__ I. Lifting, pulling, etc.
__ J. Other

Part of Body Injured:

___ Head ___ Mouth ___ Hand ___ Leg ___ Toe
___ Neck ___ Shoulder ___ Finger ___ Knee ___ Back
___ Eye(s) ___ Arm ___ Elbow ___ Foot ___ Internal
___ Other

Severity of Injury:

__ Medical Treatment __ Restricted Duty
__ Lost Time __ Fatality
__ First Aid Only

Did the employee lose time from work due to the incident? ___Yes___ No

Last day worked: _____

Did the employee go to an Emergency Room? ___Yes ___ No Facility Name _____ Doctor _____

List Witnesses: 1. _____ 2. _____